

# Introducing Preceptorship in Radiography at Leeds Teaching Hospitals NHS Trust

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## Where it began...

Mentorship is a longstanding and well-established programme at LTHT Radiology

Provided structure and organisation to departmental inductions for newly qualified Radiographers, and ensure mandatory clinical training and competencies were achieved

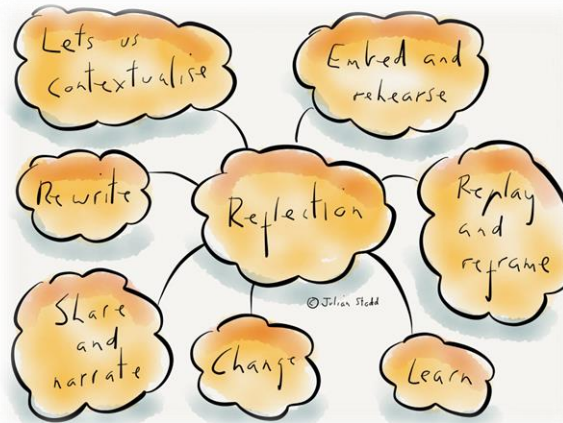
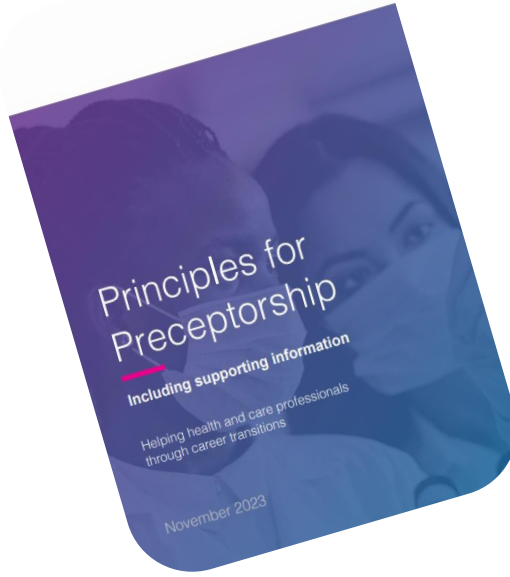
Recruitment incentive for many applicants to LTHT with assurance that they would be supported and receive quality training

LTHT Plain Film recruited 18 Band 5 Radiographers in 2024 across 6 sites

Majority of these rotate between two sites

# Publications & updates

hcpc health & care professions council



The Leeds Preceptorship Policy		Registered Nurses, Nursing Associates, Midwives and Allied Health Professionals	
Version:	N/A	Policy Lead:	
Approved by:	Executive Team	Name of responsible committee/ group:	
Date of approval:	4 March 2024	Review Date:	
Policy updates:	N/A		
Executive Lead:			
Target audience:	Nurses, Midwives, Allied Health Professionals, Nursing Associates		
Keywords:	Preceptorship, New Registrars, Preceptor, Preceptor		

Preceptorship Policy Registered Nurses, Nursing Associates, Midwives and Allied Health Professionals Contents	
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ALL (A - Z)

BASIC PROCEDURES AND EQUIPMENT	Diagnosis calculations	General Critical Care Skills	Initiating care plans
Mainline multiple drip changes	Insulin administration	PIC line insertion	Patient directives
Patient sign-out/confidentiality	Physical Restraints	SOAP charting	Stop those medications

## How these updates have been introduced



RECRUITMENT OF  
PRECEPTORS AND  
INHOUSE COACHING  
TRAINING



UPDATED AND STANDARDISED  
PRECEPTORSHIP PACKS



PUBLISHED CLINICAL  
STANDARDS EXPECTED OF  
BAND 5 DIAGNOSTIC  
RADIOGRAPHER



TASKS AND  
COMPETENCIES SET TO  
MEET THESE  
STANDARDS

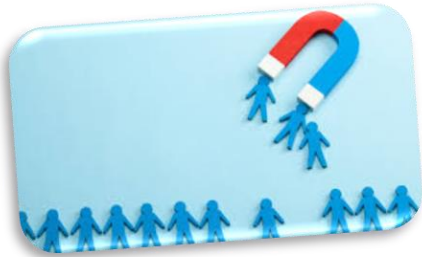


CLEAR  
COMMUNICATION FOR  
FEEDBACK CHANNELS  
AVAILABLE



STRUCTURED  
PRACTICAL SKILLS  
WORKSHOPS  
DELIVERED

# “Coach the Coach”



# elfh

elearning for healthcare



Cultural change

Themes on transitioning into  
employment

Active listening

Development tools

Reflection tools

Effective feedback

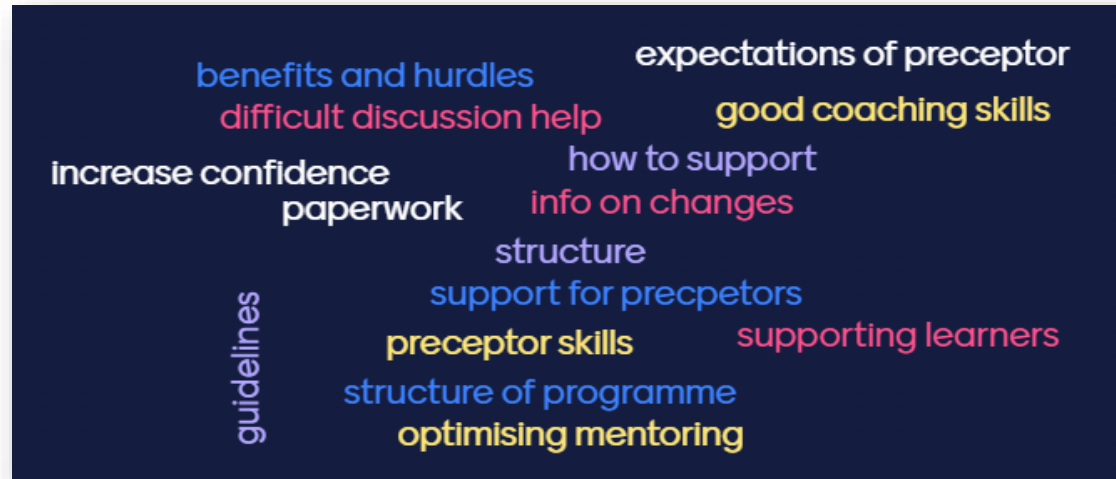
Understanding personal circumstances

Difficult conversations

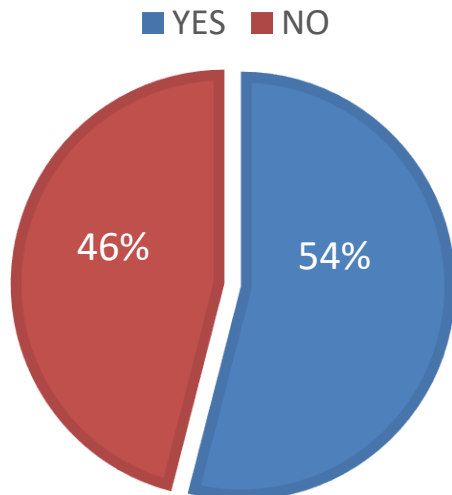
Escalation processes

Communication channels

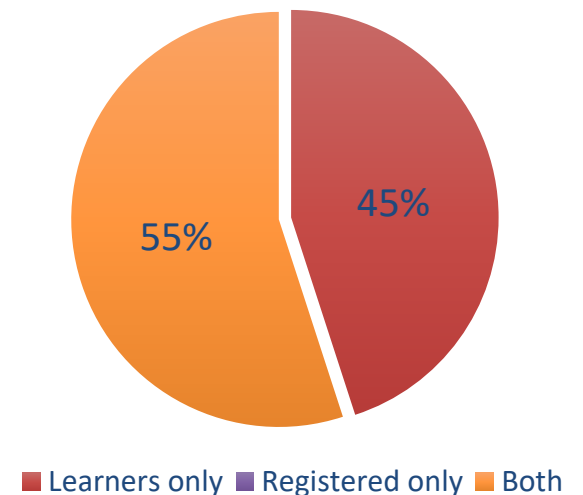
# Scoping exercise - Pre session



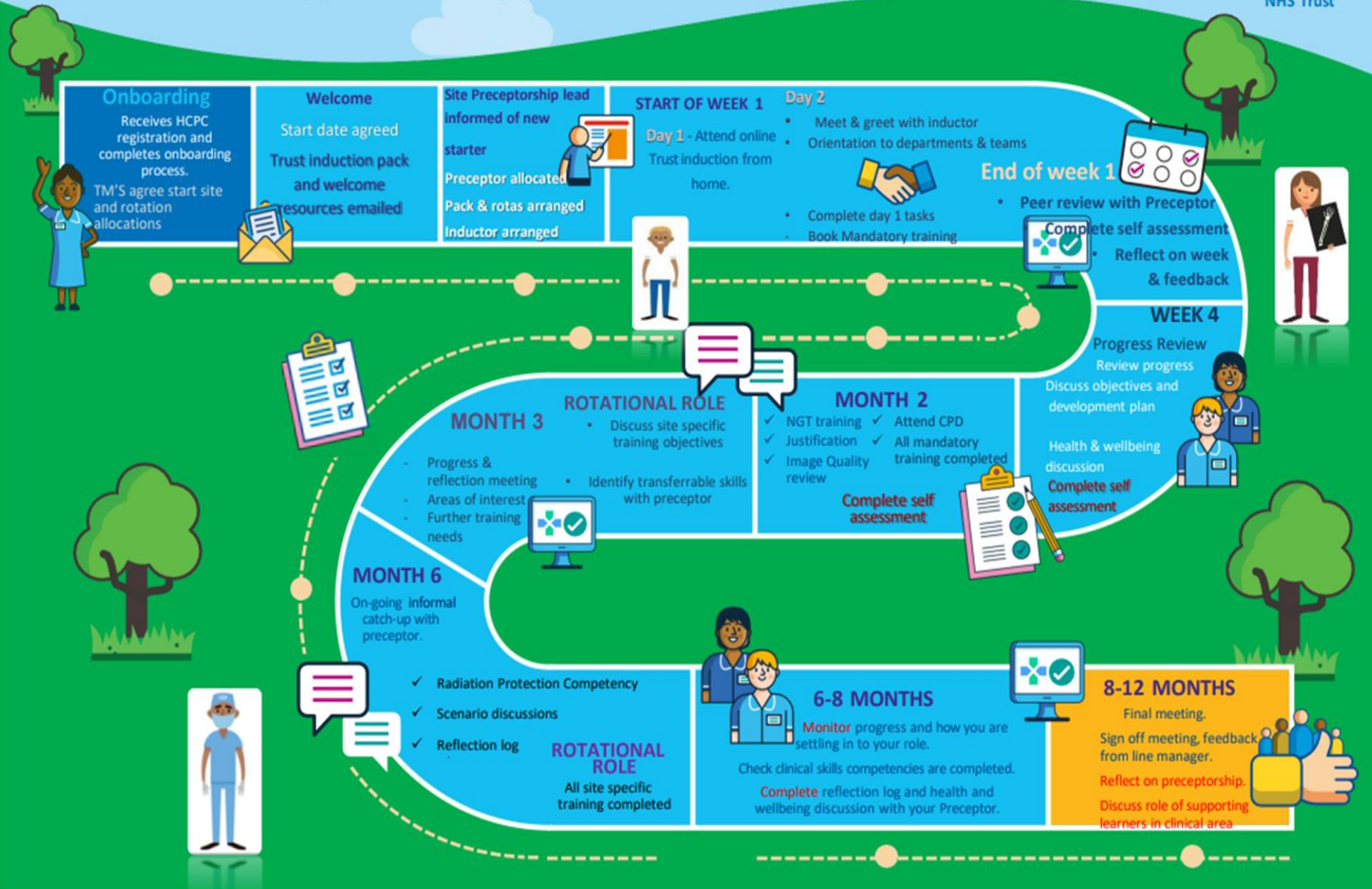
CONFIDENCE AS A PRECEPTOR



EXPERIENCE OF MENTORING



# New Starter Preceptorship Journey at LTHT Radiology



## Onboarding

Receives HCPC registration and completes onboarding process.

TM'S agree start site and rotation allocations

## Welcome

Start date agreed  
Trust induction pack and welcome resources emailed

Site Preceptorship lead informed of new starter  
Preceptor allocated  
Pack & rotas arranged  
Inductor arranged

## START OF WEEK 1

Day 1 - Attend online Trust induction from home.

## Day 2

- Meet & greet with inductor
- Orientation to departments & teams
- Complete day 1 tasks
- Book Mandatory training

## End of week 1

- Peer review with Preceptor
- Complete self assessment
- Reflect on week & feedback

## WEEK 4

Progress Review  
Review progress  
Discuss objectives and development plan

Health & wellbeing discussion  
Complete self assessment

## MONTH 3

- Progress & reflection meeting
- Areas of interest
- Further training needs

## ROTATIONAL ROLE

- Discuss site specific training objectives
- Identify transferrable skills with preceptor

## MONTH 2

- ✓ NGT training
- ✓ Justification
- ✓ Image Quality review
- ✓ Attend CPD
- ✓ All mandatory training completed

Complete self assessment

## MONTH 6

On-going informal catch-up with preceptor.

- ✓ Radiation Protection Competency
- ✓ Scenario discussions
- ✓ Reflection log

**ROTATIONAL ROLE**  
All site specific training completed

## 6-8 MONTHS

Monitor progress and how you are settling in to your role.

Check clinical skills competencies are completed.  
Complete reflection log and health and wellbeing discussion with your Preceptor.

## 8-12 MONTHS

Final meeting.  
Sign off meeting, feedback from line manager.  
Reflect on preceptorship.  
Discuss role of supporting learners in clinical area

Preceptee



Preceptor



Preceptorship Team



Departmental Team



It takes  
a  
village



# What do we want the outcomes of this programme to be?



## Clinical Standards

**Radiographers** are expected to work autonomously within their scope of practice to deliver high-quality medical imaging that meet the regulatory, ethical and legal requirements set out by the HCPC, and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. (The College of Radiographers. 2022)

LTHT Radiology have set the following clinical objectives as a method to set standards of expectation for newly registered Band 5 Radiographers in order to fulfil the above statement.

1. Knowledge *and* understanding of legislation, employer's procedure, local policy and the trust protocols to effectively authorise X-Ray requests, in order to appropriately answer the clinical question stated in the request, whilst applying the principle of ALARP.
2. Maintain the standards of professional conduct, performance and ethics as outlined by the HCPC guidelines, and the Leeds ways values. This professionalism should be applied to all interactions with service users, staff, and members of the public.
3. A practitioner should demonstrate the fundamental concepts of the science of ionising radiation imaging: radiation production, radiation protection and statutory obligations relating to ionising radiations as required by IR(ME)R. They should be safe and competent when operating equipment and understand the regulatory requirement for additional training for new and unfamiliar equipment.
4. The radiographic technique which is employed should be of evidence-based practice. Demonstrating accuracy and precision in relation to patient positioning, centring and collimation of the primary beam, to obtain radiographs of the highest quality to ensure positive patient outcomes and reduce the risk of unnecessary exposure to ionising radiation and the associated scholastic effects.
5. A comprehensive knowledge of musculoskeletal anatomy, physiology and pathology of body systems, is necessary to recognise the normal, normal variants and abnormal findings demonstrated in Plain Film Imaging and apply this knowledge to clinical decision-making.

5 Safe, proficient and autonomous practice demonstrated, difficult to fault.

4 Managed all tasks well, a number of minor improvements to practice could be made

3 Managed tasks to an acceptable level, a number of improvements to practice could be made

2 Require indirect support, such as advise on projections, positioning and exposure. Managed tasks to an acceptable manner. Significant improvements could be made

1 Require direct instructions or support needed in order to complete more than one or more tasks

## Clinical Knowledge, Skills and Behaviours Assessment

The above standards will be assessed via the following methods:

- **Competency sign off**

During the supernumerary period, you will work alongside an appropriately qualified Radiographer in order to complete a number of core competencies relevant to the site and their service. This includes, *melvis* training by a key trainer, 1:1 support particularly in extra departmental areas such as portables and theatre, for the purposes of orientation and establishing competency in case specific practice and technique.

- **Observation of practical skills**

The OPS is a method of assessing progress during the preceptorship period. The aim is not to scrutinise the preceptee's KSB, but to establish the level of competency of practical skills and highlight the individuals learning needs to aid in support and education. This is a collaborative approach where the preceptee assesses themselves against the tasks mapped to the clinical standards, and the experienced preceptor completes the OPS following an in formal observation of the preceptee's practice.

- **Image review and anatomy evaluation**

Personal reflection and development are incorporated into the SCoR [Four Pillars of Practice](#) for all practitioners. To encourage a culture of continuous professional development, preceptees will complete a number of image quality audits of their own practice with the [Radiology QI Standards](#). These cases will then be discussed at an image review session with a Reporting Radiographer Practitioner, where areas of good practice will be discussed along with points for improvement.

- **Authorisation assessment**

At LTHT Radiology all practitioners must undertake an assessment to gain approval to authorise Plain Film requests. This assessment ensures that the practitioner has a knowledge and understanding of current legislation and local protocols.

## Week 1 Review

Tasks	Level
Working autonomously to make decisions based on patient's clinical presentation, demonstrating a relevant knowledge of IR(ME)R 2017 to authorise the request and apply the appropriate protocol to answer the clinical question	
Communication within an MDT, escalating concerns, patient information or seeking the necessary information to complete an examination.	
Manipulating, adapting equipment to achieve optimal imaging	
Fundamentals of radiation protection, and imaging technique in extradepartmental setting (portables)	
Fundamentals of radiation protection, and imaging technique in extradepartmental setting (theatres)	

# Competencies



## Radiation Protection Competency

Discuss the following with your preceptor following the mandatory ready tasks: Employer's Procedure's & Local rules.

IRR	Sign	Date
Who are the department Radiation Protection Supervisors?		
Who are the department Radiation Protection Advisors?		
What happens if a TLD badge is/potentially exposed?		
Are you aware of the equipment handover forms?		
What is the procedure for LTHT employees who hold for an examination?		
What happens following an incident?		
In the instance of a radiation incident occurring outside of the Radiology department, what would you do?		
IR(ME)R	Sign	Date
How do you check a patient's identification?		
How do you check a patient's pregnancy status?		
Are you aware of DRLs and how will you know if one is high?		
How do patients know about the dose they are receiving?		
What is the procedure for carers and comforters?		



	CRIS no.	Date of exam	Optimal?	Q1	Q2	Q3	Q4	Q5	Comments
e.g.	99999		No	*				*	
1									
2									
3									
4									
5									
6									
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20									



## Theatre Training Objectives

Week 1 objectives	Trainer initial	Week 2 objectives	Trainer initial
Jubilee Theatre Orientation		Paediatric Theatre orientation	
Blues Location		Paediatric Orthopaedics	
FACU		Paediatric Lines	
Bunker Room/Meeting		Paediatric pH Probe/OGD Dilatation (performed or discussed)	
Image Intensifier Parking Locations		XLIF/TLIF/PLIF/ALIF (performed or discussed)	
Export Points		Pelvis (performed or discussed)	
Theatre Protocols		Scoliosis (performed or discussed)	
Doors of Theatre		Ilizarov Frame (performed or discussed)	
Auto-Reporting Protocol		Independent tasks	
Orthopaedics		Trauma orthopaedics	
Upper Limb		Neuro	
Lower Limb		Paediatric	
Hip - DHS/CHS/Femoral nail		Start of day tasks	
Neuro		Theatre Reports (Gecko)	
C-Spine Level Check		Post processing	
T&L Spine			



## Theatre Training Objectives continued


MELVIS		
Equipment	Trainer sign	Date completed
Siemens Arcadis Varic		
Philips BV Endura 0		
Philips BV Pulsara 0		
Siemens Cios		
Siemens Cios Flow		

Scenario Discussion

You are performing an orthopaedic case. During the procedure the contrast of your radiographs has changed. The surgeon asks if the quality can be improved.

What do you think is the reason for this appearance?

What would your next steps be?



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You are performing a neuro spinal case in OT6. You have been involved throughout with regular level checks and have remained in the theatre. An ODP from OT5, asks you to do a level check in the neighbouring theatre.

What are your next steps?

# Feedback Channels



**Task 1:**  
Works as an autonomous practitioner to make decisions based on patient's clinical presentation, demonstrates a knowledge of relevant protocols and local policy to safely and effectively justify the examination in order to answer the clinical question.

TIME	Level achieved	Preceptor & date	Comments (include action plan)
WEEK 1	3	CMN 15/08	Good knowledge & understanding.
	3	MML 19/08	Some minor queries with examination requests, hesitate to make final approval.
WEEK 4	4	EMcP 09/09	Good knowledge of protocols. Knows when to get advice from seniors.
MONTH 2	4	CMN 15/10	Demonstrated knowledge of policies and protocols when querying a request with ED clinician.
MONTH 3	5	LG 05/11	Completed authorisation assessment with no errors. Discussed answers and demonstrated a strong understanding of the rationale of protocols.
MONTH 6			
MONTH 8 (if app)			
Clinical Educator:			
Date achieved:			

**Task 2:**  
Ability to effectively communicate with multi-disciplinary team to obtain the necessary information in order to complete the examination, provide the appropriate patient care or escalate clinical information.

TIME	Level achieved	Preceptor & date	Comments (include action plan)
WEEK 1	3	CMN 15/08	
WEEK 4	4	EMcP 09/09	Not witnessed any external interactions, good patient care and comms. Inclined to ask co-ordinator to escalate or take action on issue.
MONTH 2	4	CMN 16/10	Very good communication in theatre with theatre staff. Still familiarising with extra-departmental areas.
MONTH 3	4	LG 05/11	Did need encouraging to make phone call themselves rather than deferring to co-ordinator when querying a request but managed very well.
MONTH 6			Recognised need for more info, contacted ENP without prompts. Fulfilled authorisation need.
MONTH 8 (if app)			
Clinical Educator:			
Date achieved:			



# Staff feedback – Post session

Understanding expectations



90%



## Other positive outcomes



The preceptorship programme is still within its early stages and under continuous review

Adjustments and improvements are being made following input from all staff

Resurveyed preceptors on their experience so far with preceptor meeting scheduled

Pre-preceptorship

Band 6

**Going forward...**



## Questions

Please feel free to contact us on  
[Leedsth-tr.xrayclinicaleducator@nhs.net](mailto:Leedsth-tr.xrayclinicaleducator@nhs.net)





## Resources

HCPC. 2023. Principles of preceptorship. [Principles for preceptorship | \(hcpc-uk.org\)](https://www.hcpc-uk.org)

LTHT. 2024. The Leeds Preceptorship Policy Registered Nurses, Nursing Associates, Midwives and Allied Health Professionals

Xapimed. Competency Management for Nurses and Clinicians. [Xapimed - Competency Management for Nurses and Clinicians](#)

LTHT Radiology. 2015. Mentorship Programme

NHSE. National Allied Health Professionals Preceptorship and Foundation Support Programme. [National Allied Health Professionals Preceptorship and Foundation Support Programme | NHS England | Workforce, training and education \(hee.nhs.uk\)](#)

NHSE. Multi-Professional Preceptor e-Compendium. [Multi-Professional Preceptor e-Compendium - elearning for healthcare \(e-lfh.org.uk\)](https://www.e-lfh.org.uk)